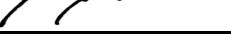


TRANSCRIPT ORDER

PLEASE Read Instruction Page (attached):

| 1. YOUR NAME | | 2. EMAIL | | 3. PHONE NUMBER | | 4. DATE | |
|--|---|------------|-------------------|-------------------------|--|-----------|-------------|
| 5. MAILING ADDRESS | | | | 6. CITY | | 7. STATE | 8. ZIP CODE |
| 9. CASE NUMBER | | 10. JUDGE | | DATES OF PROCEEDINGS | | | |
| | | | | 11. FROM | | 12. TO | |
| 13. CASE NAME | | | | LOCATION OF PROCEEDINGS | | | |
| | | | | 14. CITY | | 15. STATE | |
| 16. ORDER FOR <input checked="" type="checkbox"/> APPEAL No. CRIMINAL CRIMINAL JUSTICE ACT BANKRUPTCY <input checked="" type="checkbox"/> NON-APPEAL CIVIL IN FORMA PAUPERIS <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | |
| 17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested) You must provide the name of the Reporter. | | | | | | | |
| TRIAL | | DATE(S) | REPORTER | HEARINGS | | DATE(S) | REPORTER |
| ENTIRE TRIAL | | | | OTHER (Specify Below) | | | |
| JURY SELECTION | | | | | | | |
| OPENING STATEMENTS | | | | | | | |
| CLOSING ARGUMENTS | | | | | | | |
| JURY INSTRUCTIONS | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 18. ORDER (Grey Area for Court Reporter Use) | | | | | | | |
| CATEGORY | ORIGINAL (Includes Certified Copy to Clerk for Records of the Court) | FIRST COPY | ADDITIONAL COPIES | NO. OF PAGES ESTIMATE | | COSTS | |
| 30-Day | | | NO. OF COPIES | | | | |
| 14-Day | | | NO. OF COPIES | | | | |
| 7-Day | | | NO. OF COPIES | | | | |
| 3-Day | | | NO. OF COPIES | | | | |
| Next Day | | | NO. OF COPIES | | | | |
| 2-HOUR | | | NO. OF COPIES | | | | |
| REALTIME | | | NO. OF COPIES | | | | |
| CERTIFICATION (19 & 20) By signing below, I certify I will pay all charges (deposit plus additional). | | | | ESTIMATE TOTAL | | | |
| 19. SIGNATURE  | | | | PROCESSED BY | | | |
| 20. DATE | | | | PHONE NUMBER | | | |
| TRANSCRIPT TO BE PREPARED BY | | | | COURT ADDRESS | | | |
| ORDER RECEIVED | | DATE | BY | | | | |
| DEPOSIT PAID | | | | DEPOSIT PAID | | | |
| TRANSCRIPT ORDERED | | | | TOTAL CHARGES | | | |
| TRANSCRIPT RECEIVED | | | | LESS DEPOSIT | | | |
| ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT | | | | TOTAL REFUNDED | | | |
| PARTY RECEIVED TRANSCRIPT | | | | TOTAL DUE | | | |